

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090742

FILED
Jan 27, 2009
Secretary of State

Entity Name: 801 AVIATION, LLC

Current Principal Place of Business:

801 GREENBRIER AVE
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

801 GREENBRIER AVE
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 26-0848360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ALEJANDRO
801 GREENBRIER AVE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

BRIAN PRZYSTUP AND ASSOCIATES LLC
275 NE 18TH ST
#310
MIAMI, FL 33132 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN PRZYSTUP

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, ALEJANDRO
Address: 801 GREENBRIER AVE
City-St-Zip: DAVIE, FL 33325 US

Title: MGR () Delete
Name: GUEVARA, CELIA
Address: 801 GREENBRIER AVE
City-St-Zip: DAVIE, FL 33325 US

Title: MGR () Delete
Name: GOMEZ, LUIS L
Address: 801 GREENBRIER AVE
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEJANDRO GOMEZ

MGRM

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date